PTO/S8/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a coteofion of information unless a displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						09829806			
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR			NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.18(a))					1	OR		.710	
TOTAL CLARAS OF OFR 1.18(c))	83.	83, moras 20 = .		. 63			OR	×:18.	1134
SEDEPENDENT CLAIMS (37 CFR 1.16(b))	4	mirus 3 *	. 1		x s •		OR	× <u>&amp;</u> Q.	80
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))					+5		OR	+3	
" If the difference in column 1 is less than zero, enter "O" in column 2.					TOTAL		. on	TOTAL	1424
CLAIMS AS AMENDED - PART II									
1126104 «	200 (Column 1) (Column 2) (Colu			(Column 3)	SMALL E	NTITY	OR .	OTHER SMALL	
15 十二	CLAMS EMAINING AFTER VENDMENT	F	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (22 CFR ), 100/cg	(C)	Minus *	83	17	N S=		OR	** 8.	306
Z independent	11	Minus *	- 4		x s•		OR	x : 80 -	
FIRST PRESENTATION OF MEATIPLE OUPENDENT CLAIM (ST OFR 1.48(4))					+3=		<b>O</b> R	+ 5=	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	306
2-5-46 (Column 1) (Column 2) (Column 3)									
	CLAIMS EMARKING AFTER VENDMENT	,	MIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S Total	KD	Minus "	10)		x \$		OR	x s•	
S population	4	Minus	" <b>Y</b>		x s •		OR	X 5	
FREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DI CFR 1, 1607)					+1		OR	+5	
					ADOL FEE		OR	ADD'S FEE	
K/ (Column 1) (Column 2) (Column 3)									
0 1 1 5	CLAMAS REMAINING AFTER MENDMENT	,	HIGHEST NUMBER PRÉVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Z Total Carlon C	99	Minus '	100	•	x 8 =	7	OR	x \$	\
Z Independent *	u	Minus		•	x3•		OR	X 8 =	\
FERST PRESENTATION OF MALTPLE DEPONDENT CLEM (37 CFR 1.16(4))					+1 =		OR	+ 5 -	
					TOTAL ADOL FEE		OR	TOTAL ADO'L FEE	
If the entry in column 1 is less than the entry in column 2, write "O" in column 3.     If the "Highest Number Previously Paid For" IN THIS SPACE to less than 2, enter "20",     If the "Highest Number Previously Paid For" IN THIS SPACE to less than 3, enter "2".     The "Highest Number Previously Paid For" (Tatal or Independent) is the highest number found in the appropriate both in column 1.									

Into collection of intermetion is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the fand by the USPTO to process) an application. Confidentially be governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. These will vary depending upon the antividual case. Any comments on the amount of time you require to complete this form antifor suggestions for reducing this burdon, should be sent to the Critel Information Officer, U.S. Petent of Tradement Officer, U.S. Department of Commence, P.O. Box 1450, Abstranctio, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Abstranctis, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.